Effective December 29, 1999

Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD 09/676333

| CLAIMS AS FILED - PART I (Column 1) (Column 2)   |                      |                                  |                  |   |                  | SMALL TYPE          |                        | OR | OTHER<br>SMALL I    |                         |  |
|--|----------------------|----------------------------------|------------------|---|------------------|---------------------|------------------------|----|---------------------|-------------------------|--|
| FOR  |                      |                                  |                  |   | NUMBER EXTRA     |                     | FEE                    | ſ  | RATE                | FEE                     |  |
| BASIC FEE  |                      |                                  |                  | Lin Miles                                   |                  |                     | 345.00                 | OR |                     | 690.00                  |  |
| то   | TAL CLAIMS           | 27                               | minus 20         | )= * 7                                      |                  | X\$ 9=              |                        | OR | X\$18=              | 126                     |  |
| IND  | EPENDENT CL          | AIMS /                           | minus 3          | = *   |                  | X39=                |                        | OR | X78=                |                         |  |
| MULTIPLE DEPENDENT CLAIM PRESENT   |                      |                                  |                  |   |                  | +130=               |                        | OR | +260=               |                         |  |
| * If   | the difference i     | TOTAL                            |                  | OR  | TOTAL            | 8/6.                |                        |    |                     |                         |  |
| CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)  |                      |                                  |                  |   |                  | SMALL               | SMALL ENTITY OF        |    |                     | OTHER THAN SMALL ENTITY |  |
| AMENDMENT A  |                      | CLAIMS REMAINING AFTER AMENDMENT |                  | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA | RATE                | ADDI-<br>TIONAL<br>FEE |    | RATE                | ADDI-<br>TIONAL<br>FEE  |  |
|  | Total                |                                  | Minus            | **  | =                | X\$ 9=              |                        | OR | X\$18=              |                         |  |
|  | Independent          | *                                | Minus            | ***   | =                | X39=                |                        | OR | X78=                |                         |  |
| _  | FIRST PRESE          | NTATION OF MU                    | JLTIPLE DEPI     | ENDENT CLAIM                                |                  | +130=               |                        | OR | +260=               |                         |  |
|  |                      |                                  |                  |   |                  | TOTAL<br>ADDIT, FEE |                        | OR | TOTAL<br>ADDIT. FEE |                         |  |
|  |                      | (Column 1)                       |                  | (Column 2)                                  | (Column 3)       |                     |                        |    |                     |                         |  |
| AMENDMENT B  |                      | CLAIMS REMAINING AFTER AMENDMENT |                  | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA | RATE                | ADDI-<br>TIONAL<br>FEE |    | RATE                | ADDI-<br>TIONAL<br>FEE  |  |
| DME  | Total                | *                                | Minus            | **  | =                | X\$ 9=              |                        | OR | X\$18=              |                         |  |
| MEN  | Independent          | *                                | Minus            | ***   | =                | X39=                |                        | OR | X78=                |                         |  |
| lacksquare   | FIRST PRESE          | NTATION OF M                     | JLTIPLE DEP      | ENDENT CLAIM                                | 1                | +130=               |                        | OR | +260=               |                         |  |
|  |                      |                                  |                  |   |                  | TOTAL               |                        | OR | TOTAL<br>ADDIT. FEE |                         |  |
|  |                      | (Column 1)                       |                  | (Column 2)                                  | (Column 3)       | ADDIT. FEE          | <del></del>            | •  | AUUII. PEE          |                         |  |
| AMENDMENT C  |                      | CLAIMS REMAINING AFTER AMENDMENT |                  | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA | RATE                | ADDI-<br>TIONAL<br>FEE |    | RATE                | ADDI-<br>TIONAL<br>FEE  |  |
|  | Total                | *                                | Minus            | **  | =                | X\$ 9=              |                        | OR | X\$18=              |                         |  |
|  | Independent          | *                                | Minus            | ***   | =                | X39=                |                        | OR | X78=                |                         |  |
|  | FIRST PRESE          | NTATION OF M                     | ULTIPLE DEF      | PENDENT CLAIN                               | <u> </u>         | +130=               |                        | OR | +260=               |                         |  |
|  | If the entry in colu | ımn 1 is less than t             | he entry in colu | mn 2, write "0" in c                        | olumn 3.         | TOTAL               |                        | OR | TOTAL               |                         |  |
| ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |                      |                                  |                  |   |                  |                     |                        |    |                     |                         |  |